

MAY 15 2006

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

4

Application Number	10/802290
Filing Date	03/17/2004
First Named Inventor	Emanuel Kahana
Group Art Unit	2683
Examiner Name	D'Agosta, Stephen M.
Total Number of Pages in this Submission	CE10676R

**ENCLOSURES**

(check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) - Replacement Sheet	<input type="checkbox"/> Appeal Communication to Board
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Copy of Notice to File Missing Parts
		<input type="checkbox"/> Transmittal of Formal Drawings
		<input type="checkbox"/> Response to Notice of Non- Recordation of Document

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Simon B. Anolick	Registration No.	37,585
Signature	<i>Simon B. Anolick</i>		
Date	May 11, 2006		

**CERTIFICATE OF TRANSMISSION**

hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313

Typed or printed name	Nanette Orr	Date	May 11, 2006
Signature	<i>Nanette Orr</i>		